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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Dominican Republic

Proposed UNFPA assistance:	$5.5 million; $4.5 million from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Second
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.7	1.0	4.7
Population & development strategies	0.4	0	0.4
Advocacy	0.4	0	0.4
Total	4.5	1.0	5.5

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DOMINICAN REPUBLIC

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	92.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	56.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	42.0	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	89.1	≥75
Adult female literacy rate(%)[7]	80.7	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	7,823
Population in year 2000 (000)	8,495
Sex ratio (/100 females)	103.4
Per cent urban	64.6
Age distribution (%)	
Ages 0-14	35.1
Youth (15-24)	19.9
Ages 60+	6.1
Percentage of women aged 15-49	52.8
Median age (years)	22.4
Population density (/sq. km.)	161
Annual population growth rate (%)	1.6
Urban	2.7
Rural	-0.5
Crude birth rate (/1000)	24.1
Crude death rate (/1000)	5.3
Net migration rate (/1000)	-2.3
Total fertility rate (woman)	2.80
Life expectancy at birth (years)	
Males	68.9
Females	73.1
Both sexes	70.9
GNP per capita (U.S. dollars, 1994)	1,320

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Dominican Republic achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, of which $4.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the second programme of assistance for the Dominican Republic.

2. The proposed programme was developed in full cooperation with the Government, following a contraceptive supply and logistics study by UNFPA in 1995 and a programme review and strategy development mission (PRSD) that visited the Dominican Republic in October 1996. It is designed to be harmonized with the programme cycles of UNDP and UNICEF.

3. The proposed programme is designed to provide strategic advice to the Government for its population policies, reform plans and advocacy activities. The proposed programme will also work to strengthen the Government's capacity to improve reproductive health conditions nationally, including the short-term supply of contraceptives. The specific focus of the programme will be in providing technical and financial assistance to the reproductive health programmes in the country's two poorest health regions.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Under UNFPA's new resource allocation system, the Dominican Republic has been classified as a group "B" country. It meets the threshold levels for all the indicators outlined in Executive Board decision 96/15 except the one for maternal mortality, which is estimated to be three times the threshold level -- 300 per 100,000 live births. Since 1980, maternal mortality rates have followed a fluctuating negative trend. Twenty-five per cent of the maternal mortality rate is the result of toxemia and/or hypertension, with unsafe abortions accounting for 17 per cent, internal bleeding for 16 per cent and the remaining 41 per cent due to other direct and indirect obstetric causes. Given the fact that over 90 per cent of all births are attended by health professionals, the PRSD mission identified inadequate staff qualifications as the key factor in the high maternal mortality rate. The fact that one out of every five adolescent girls (ages 15-19) is either pregnant or already a mother and that the birth

intervals for this age-group are 20 months and less very probably contributes to their disproportionately high maternal mortality rates in this age group.

6. Contraceptive prevalence is 56 per cent, with sterilizations representing over 60 per cent of all methods used, followed by the pill and the intra-uterine device (IUD). Sexual and domestic violence is estimated to be high, but their incidence remains largely unreported and unpunished. In 1995, the seroprevalence of HIV was estimated to be 3.4 per cent of the total population, and it is expected to reach 5 per cent by the year 2000. The predominant means of transmission of HIV is heterosexual with a faster infection rate being observed for women.

7. Although 30 per cent of households are headed by females, discrimination against women remains unaddressed in the legal system, and gender differences are established in the Constitution in such areas as inheritance, paternal authority, access to resources and credit. Women constitute 60 per cent of those people falling below the poverty line and who, by 1991, had reached 70 per cent of the overall population.

8. Significant disparities in fertility and mortality continue to exist between urban and rural areas: the total fertility rate, for example, was 4.4 children per woman in rural areas as compared to 2.8 in urban areas in 1991. These disparities also exist between regions. The poorest regions, the southwest and central west (Health Regions IV and VI), have total fertility rates of 6.5 and 6.8 and contraceptive prevalence rates of 43 per cent and 36 per cent, respectively. In these regions one out of every three adolescent girls is either pregnant or already a mother.

9. A new Government took office in the Dominican Republic in August 1996. The Government has announced its intention of increasing institutional capacity to carry out population and reproductive health programmes. However, it is faced with the results of the economic difficulties of the past decade, which saw a deepening external debt and declining levels of spending on social sectors, which in 1994 was 6.6 per cent of the gross national product (GNP). The new Government has thus made increased social expenditures one of its priorities. It has included in its political agenda the formulation of a national population policy, decentralization, the creation of a Ministry of Women and the development of a national action plan for women as well as the strengthening of public institutions, infrastructure, basic services and demographic databases at the central and regional levels.

UNFPA and other assistance to date

10. All donor assistance in the area of population has been based on sectoral activities, undertaken with limited global coordination. The PRSD mission concluded that this was partly due to the absence of a national population policy and partly due to the weak public sector institutions charged

with such coordination. Deteriorating public-sector health services have prompted the growth of the private health sector, to which many Dominicans go for their health services.

11. UNFPA started its first comprehensive population programme of assistance in 1991 in the total amount of $6 million for a four-year period. Efforts were concentrated in the area of reproductive health. The United States Agency for International Development (USAID) remains the largest population donor in the country and continues to provide its assistance exclusively to NGOs working principally in urban areas, allocating approximately $26 million over the period 1993-2000 in the area of population and about $1.8 million a year for AIDS prevention activities. To complement these efforts, UNFPA has, therefore, focused on providing assistance to the public sector's population activities, to which it is now the largest donor and the sole source of funding for contraceptive requirements.

12. The World Health Organization (WHO) and UNICEF have collateral activities that complement those of UNFPA as well as some joint programmes. In 1994, the European Union started a three-year integrated health programme in the southwestern region, with a total commitment of $9.8 million, focused on the improvement of the health conditions of the region. A five-year extension is presently under study.

13. UNFPA's most important reproductive health activities targeted the populations in marginal areas of the capital city of Santo Domingo, in the 10 sugar estates of the Government's Sugar Council and in the western provinces bordering Haiti. They were implemented by the National Council on Population and Family, which is part of the Ministry of Health, and national NGOs such as the local International Planned Parenthood Federation (IPPF) affiliate, PROFAMILIA. Programmes addressing the problems of sexually transmitted diseases (STDs), including HIV/AIDS, among men and adolescents, including related information, education and communication (IEC) activities, were carried out with the Dominican Association for Family Planning (ADOPLAFAM) through an innovative project using barbers and trade-union members.

14. UNFPA's first country programme was extended for two years in 1994 with an additional funding of $1.9 million. During this period the programme's content was expanded to include activities fostering the empowerment of women by providing support for the efforts of an NGO, the Dominican Women in Development, and the Provincial Office for Women in Salcedo province. The past six years of effective collaboration among the Government, non-governmental organizations (NGOs) and UNFPA has helped contribute to increased contraceptive prevalence, through an expanded mix of contraceptive methods in the public sector, as well as to increased prevention of STDs through male involvement and women's empowerment. The new programme plans to bring other NGOs into this successful collaborative process. It would also attempt to reach out to community organizations, like associations for farmers, women and youth, especially in rural areas, since most NGO activities are presently concentrated in urban and peri-urban areas.

Proposed programme

15. UNFPA proposes a programme of assistance that is concentrated in the area of reproductive health. This core programme will be complemented by certain strategic interventions in the areas of population and development, and advocacy. The overall strategy is to strengthen national institutions, first at the central level through strategic advice for policy and institutional reforms, and then at the regional level through technical and financial assistance to the poorest areas. The Government wants to address the paucity of reliable national and regional data needed for the formulation and implementation of population policies and programmes and for the proposed decentralization process. The proposed UNFPA programme will therefore provide assistance to the Government for strengthening national capacities in these areas and for improving the demographic database.

16. Reproductive health. In the area of reproductive health, including family planning and sexual health, the sub-programme aims at improving the quality of public-sector reproductive health services in order to contribute to the reduction of maternal mortality and unwanted teenage pregnancies. The programme will cover strategic advice, advocacy and training activities which will assist the Ministry of Health in adopting a holistic concept of reproductive health into its policies and programmes.

17. At the sub-national level, the sub-programme will concern itself with helping to provide safe and accessible reproductive health services through 1,250 health service providers in the 95 health centres, 9 hospitals and 13 sub-centres of Health Districts IV and VI, the two poorest regions in the country. These units will serve the approximately 200,000 women of child-bearing age, as well as men, who live in those regions. Given the weak database and insufficient knowledge on the causes of the gap between the population's reproductive health needs and the actual reproductive health services, the first step of this programme will be a joint needs assessment exercise that will include local NGOs and community groups in these two targeted areas.

18. The sub-programme and its related advocacy activities will contribute to the Government's objectives of reducing the incidence of unsafe, illegal abortions; sexual violence; STDs, including HIV/AIDS; and the overall reproductive risks for adolescents, including the dangers connected with unwanted pregnancies. Policy assistance and financial support at the national level will specifically address the IEC needs of out-of-school adolescents, who represent more than 60 per cent of this age-group. The reproductive health service needs of this group will be addressed not only in the two focus regions but also in the marginal areas of Santo Domingo.

19. Over 60 per cent of the Dominican Republic's contraceptive requirements are provided by the private and NGO sectors. In the past six years, UNFPA was the public sector's sole funding source for contraceptives. In order to enable the Government to find other donors and develop a cost-recovery system for contraceptives, UNFPA will provide technical assistance and $200,000, on an exceptional basis, to fund the national public-sector contraceptive needs for 1997. Thereafter,

UNFPA will only provide limited funds for the contraceptives required for the reproductive health services that it will be supporting in the two focus regions.

20. Population and development strategies. The Government wants to formulate a population policy that will serve as a political framework for national population programmes. The National Council on Population and Family has the prime responsibility for developing population policies and programmes. The National Office for Planning -- responsible for the integration of population into national and regional development plans -- and the National Statistical Office both want to make urgent use of the 1993 census data, especially in meeting the requirements of the planned decentralization efforts. To assist in reaching these goals, UNFPA will provide strategic advice at the central level for all three institutions and, at the regional level, technical assistance and staff training in the institutions' sub-offices located in the two targeted regions.

21. Advocacy. Through strategic advice and technical assistance, the Fund will help the National Council on Population and Family develop a population advocacy strategy and programme as well as IEC activities in support of reproductive health, especially those targeting out-of-school adolescents. National NGOs will be called upon to share their expertise and experience in this area with the public sector and with community groups, such as associations of local farmers, women and youth. To the extent that resources allow, the Fund will also work with the academic and the religious sectors, in order to strengthen their understanding of and commitment to population and reproductive health issues, as well as to the empowerment of women.

22. UNFPA will continue its support to women and gender issues through the proposed Ministry of Women by providing strategic advice for the planned national action plan for women and through training of staff to handle the Ministry's gender advocacy role. On the regional level the Fund will provide technical assistance to the offices of that Ministry in the two targeted regions, once these offices are established.

Implementation, monitoring, evaluation and coordination

23. The proposed programme will be executed by the Government and national NGOs in cooperation with other United Nations agencies and UNFPA. The UNFPA Country Support Team, headquartered in Santiago, Chile, would provide technical backstopping. South-South cooperation will be promoted and utilized to the largest extent possible.

24. Baseline information will be collected at the start of each sub-programme and utilized in the participatory needs assessment exercise that is to be organized for the two targeted regions. The collected information and other qualitative and quantitative data will be utilized to monitor progress and evaluate results in accordance with UNFPA's established guidelines. A mid-term programme review is planned for 1999 and a programme evaluation for 2001.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for the Dominican Republic as presented, in the amount of $5.5 million for the period 1997-2001, $4.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15.